

Joint Annual Report of Ambulatory Surgical Treatment Center

2019 User Instructions

Downloading and Saving the ASTC Program

The ASTC program was developed in Excel, a common Microsoft Office application.

This is a spreadsheet program and may be able to be used by other spreadsheet programs.

Download from the website by going to:

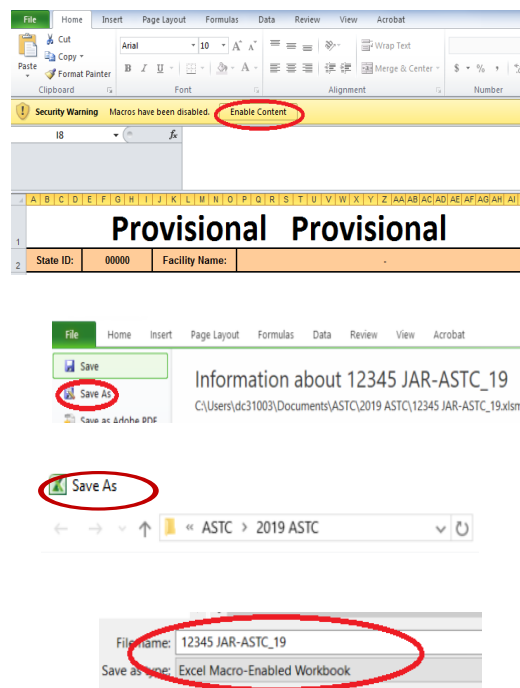
<https://www.tn.gov/content/tn/health/health-program-areas/statistics/health-data/jar/jar-astc.html>

Click on the first and second icon to read, save and print User Instructions and Tips to Avoid Common Errors. Click on the third icon to save (download) and open the program in Excel.



If you see a security warning, please respond Enable Content. If this step prevents you from opening the file, contact your IT consultant.

Save the Excel document to your hard drive, using **File, Save As** and navigating to a location on your hard drive where your work will be stored between data entry sessions. Name the file with your state ID and facility name and **Save**.



Navigating Within the ASTC Program

The Main “menu” provides a link (blue) to each of the schedules, the error list, and to the Administrator’s Declaration Page (electronic signature):

There is also a link to the “State ID” listing sheet. Please look up the five digit number that is used to identify your facility to complete Schedule A – Identification. The facilities are listed alphabetically by county name.



Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Telephone: (615) 741-1954 Fax: (615) 253-1688

JOINT ANNUAL REPORT OF AMBULATORY SURGICAL TREATMENT CENTERS 2019

[Schedule A - Identification](#)

[Schedule B - Certifications, Accreditation, and Memberships](#)

[Schedule C - Classification](#)

[Schedule D - Availability and Utilization of Services](#)

[Schedule E - Patient Characteristics](#)

[Schedule F - Financial Data](#)

[Schedule G - Personnel](#)

[Schedule H - Medical Staff](#)

[Administrator Declaration \(Electronic Signature\)](#)

Also, at the bottom of each screen you will see the tabs that name the schedules and other sheets available for your use.



For your convenience at the end of each schedule there are **links** to click as shown.

[Return to Main Menu](#)
[Next Schedule](#)
[Error Listing](#)

All Schedules

To move to the next data field, you may use the **Tab** key (generally moves across the page) or the **Enter** key (generally moves down the page) on your keyboard, or use your **mouse** to go to a particular field. You may also use the **arrow keys** on your keyboard to move in the desired direction.

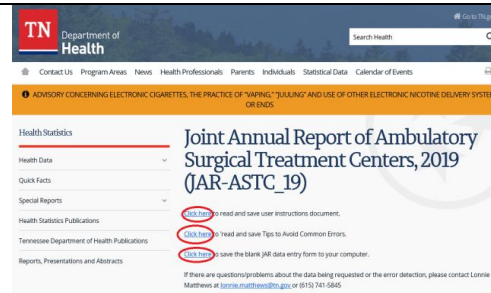


Entering Data

Preparation for Data Entry

<https://www.tn.gov/content/tn/health/health-program-areas/statistics/health-data/jar/jar-astc.html>

Click on the third icon, then save or print your blank form. It is suggested that you print a blank form on which to gather your information prior to data entry.



Whenever you leave the Excel program by using the **X** in the top right of the screen, a message will ask if you want to save the changes. Respond **Yes** or data you entered will be lost.

You may save the file prior to leaving the Excel program. Choose the same location on your hard drive to which you saved before (see page 1 of these instructions).

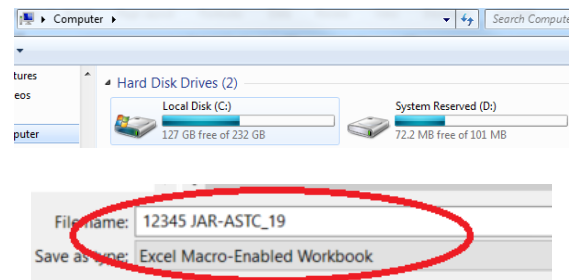
Always use the same file name to save. This will eliminate the possibility of having partial data in multiple locations.

Confirm Save As

12345 JAR-ASTC_19.xlsx already exists.
Do you want to replace it?

Yes

No



Instructions and definitions are included on the form itself. **Please read these carefully prior to completing each Schedule.**

Also please refer to the document, **General Information and Tips to Avoid Common Errors.**

Schedule A - Identification

According to the Department of Health Rules and Regulations Section 1200-8-10-.11(1), "a yearly statistical report, the 'Joint Annual Report of Ambulatory Surgical Treatment Centers', shall be submitted to the Department." Please read all information carefully before completing your Joint Annual Report with data for the year specified above. Please complete all items, using 0 (zero) when appropriate and checking all appropriate checkboxes. Check all computations, especially where a total is required. Any items which appear to be inconsistent will be queried. **Facilities will be reported to the Board for Licensing Health Care Facilities for failure to timely file a report or respond to queries.**

Data Fields

Only data entry fields (white) are available for selection. Other areas of the worksheet, such as gray boxes or areas outside the form itself are protected.

City	County
State	Zip Code (5 digits)
Phone Number (10 digits)	
Name	
Title	
Phone Number (10 digits)	
Email Address	
Name of Administrator	
Name of Medical Director	
The reporting period is July 1 through June 30 of the data year specified above.	

Use of Drop-down boxes for Yes/No and other questions

To select Yes or No, use the drop-down selection. Answer yes or no to every Yes/No question.

If there is more information requested concerning a Yes answer, provide or specify that information.

Yes/No	Pati
-	
Yes	
No	
-	
-	

Changing an answer

If you need to change your answer in a drop-down field, return to the drop-down box and make the correct selection.

If you need to change your answer in a drop-down field, click into another data field, return to the dropdown box and use the Delete key on your keyboard.



Error Detection

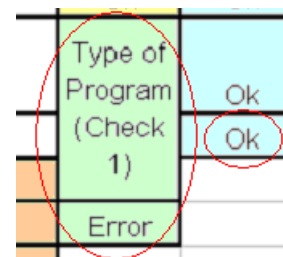
Potential errors are identified as data is entered.

If a field starts as “Error”, it will change to “OK” when you enter the data.

If you see a field changes from “OK” to “Error” the data you have entered may be causing an error, this will be cleared up when you have completed that section of the form.

All “Error” fields that remain may be corrected on the schedule form, or you may explain why the data cannot be changed in a comment on the Error sheet.

You may need to adjust the screen resolution, the % showing, or use the scroll bar at the bottom of the screen to be able to see all the error detection on the form screen.



Errors Sheets

Errors

All "Error" fields from the various schedules are listed in the Errors sheet.

You may go to the Errors sheet from the Main menu link or from the sheet tab at the bottom of any screen.

All lines marked "OK" in the first column indicate that the error description does not apply and the data is probably not in error.

The lines marked "Error" describe likely errors in the data that was entered with error number and error message.

A link is provided to return to the schedule involved to make a change in the data, if possible.

	A	B	C	D	E
	State ID	OK/ Error	Return to schedule	Error Number	Error message
1					
2	74535	Error	A NameChangeYN	A-01-01	Did not answer the Yes/No Question concerning Name Change during reporting period.
3	74535	Error	A Address	A-01-02	Provide complete address information (address, city, county, state, zip)
4	74535	Error			Provide names of both administrator and medical

Comments/Explanations

If you find that you cannot change the data to eliminate the "Error" message, a descriptive comment/explanation on the reason why this cannot be done must be entered in the last column.

These comments will be reviewed upon submission.

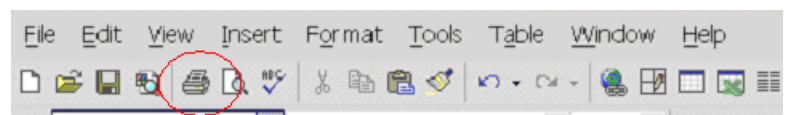
You may or may not be queried about the error for which you provide a comment.

F	
Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:	
ame	
y.	

Printing

Printing Schedules

After you have entered data, print by selecting each schedule and using File/Print or the Print Icon. This printout will be a record of the data you submitted.

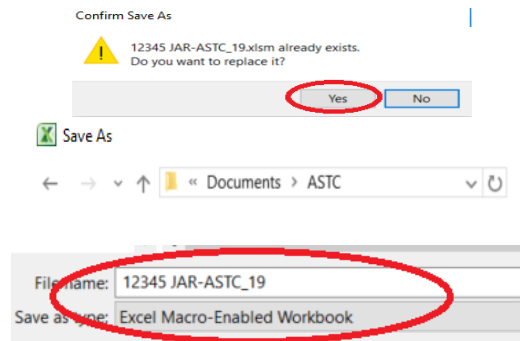


Saving

Please do not save the program as a “shared” document. We are not able to import the file.

When you leave the Excel program for the last time, choose a location on your computer that you will be able to locate later.

BE SURE your State ID and Facility Name are part of the File Name the last time you save.



Submitting Data

Submit the report via e-mail attachment to: JARASTC.Health@tn.gov or make a copy of the Joint Annual Report from your hard drive to a CD. Label the CD with your facility's name and State ID and mail it to:

Mr. Lonnie Matthews
Tennessee Department of Health
Health Statistics
Second Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

There is no need to mail or fax a paper form.

DUE DATE: Monday, December 2, 2019

If you have any questions, call Mr. Lonnie Matthews, 615-741-5845 or email JARASTC.Health@tn.gov

Attaching Excel to Email

To E-mail the report, address e-mail to JARASTC.Health@tn.gov and in the subject line put the facility name, state id and ASTC_19. Go to the **attachment** icon and click on (browse or look in) and find the file name on your computer at the location that you saved it. **Attach** it and **send** it. Sometimes there is a large volume of submissions coming in at one time, so you may not received an email confirmation until the next day.

